



Authorization for Purchase and Request for Change UNITED STATES SAVINGS BONDS SERIES EE



PLEASE READ BEFORE COMPLETING FORM: Please note that an employee may only have one bond deduction at a time due to system limitations. A bond owner may only have **ONE** co-owner **OR** **ONE** beneficiary at a time. If you indicate that a co-owner or beneficiary should be added and you already have a co-owner or beneficiary, the new co-owner or beneficiary will replace the previous one.

PRINT ALL INFORMATION AND SIGN AND DATE FORM

Employee Social Security Number: _____ Date: _____

Employee Name: _____ Work Phone: _____
Last First MI

ACTION REQUESTED

A ☐ **NEW ENROLLMENT** (PLEASE COMPLETE SECTIONS B, C, D AND E. SECTION F IS OPTIONAL.)

B ☐ **SELECT OR CHANGE BOND DENOMINATION** (Circle desired face value and price)
\$100 (\$50) \$200 (\$100) \$500 (\$250) \$1,000 (\$500)

C ☐ **ELECT OR CHANGE PAYROLL DEDUCTION FOR BOND**

Enter amount to be allotted to bond purchase each pay period: \$ _____

D ☐ **ESTABLISH OR CHANGE BOND OWNER** (Bond will be issued in this name.)

Owner's Name: _____
Last First MI

Social Security Number: _____

E ☐ **ESTABLISH OR CHANGE MAILING ADDRESS FOR BOND OWNER** (Bond will go to this address).

Street Number and Name City State Zip Code

F ☐ **ESTABLISH OR CHANGE CO-OWNER OR BENEFICIARY** (Circle one)

Co-owner Beneficiary

Co-Owner or Beneficiary Name: _____
Last First MI

Social Security Number: _____

G ☐ **CANCEL SAVINGS BOND**

I hereby authorize the allotment from my pay indicated above for the purchase of U.S. Savings Bonds Series EE to be issued as indicated on this form. This authorization is to remain in effect until cancelled by me in writing or upon termination of my employment.

EMPLOYEE SIGNATURE

DATE

12/02